## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 746961** 

Entity Name: NORMANDY Q ASSOCIATION, INC.

**Current Principal Place of Business:** 

FIRST SERVICE RESIDENTIAL 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

## **Current Mailing Address:**

FIRST SERVICE RESIDENTIAL. 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487 US

FEI Number: 59-1991176 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

SKRLD, INC. 1655 PALM BEACH LAKES BLVD. C-500 W. PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAURA M MANNING- HUDSON

Electronic Signature of Registered Agent Date

## Officer/Director Detail:

Title TREASURER Title VF

NameWEINBERGER, HERBERTNameMAZUR, HARRIETAddress798 NORMANDY QAddress777 NORMANDY Q

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title PRESIDENT Title SECRETARY

Name BROWN, JESSICA Name KATZOFF, ROBERT
Address 784 NORMANDY Q Address 812 NORMANDY Q

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Title DIRECTOR Title DIRECTOR

Name KASSOVER, ROBERT Name SASSEN, DEBORAH
Address 787 NORMANDY Q Address 773 NORMANDY Q

City-State-Zip: DELRAY BEACH FL 33484 City-State-Zip: DELRAY BEACH FL 33484

Electronic Signature of Signing Officer/Director Detail

FILED Jan 16, 2018

**Secretary of State** 

CC9066032082

01/16/2018

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.